

NOTICE OF CHANGE

Diana Hynek
Departmental Paperwork Clearance Officer
Office of the Chief Information Officer
14th and Constitution Ave. NW.
Room 6625
Washington, DC 20230

12/21/2005

In accordance with the Paperwork Reduction Act, OMB has made the following change(s).

OMB NO.: 0648-0205

TITLE: Southeast Region Permit Family of Forms

AGENCY FORM NUMBER(S): None

The following items have been changed:

ITEM	PREVIOUS VALUE	NEW VALUE
Total Responses	51,172	59,751
Total Hours	11,226	15,417
Hours Difference	-3,516	4,191
Program Change	-3,516	4,191
Adjustment	0	0
Annual Costs	494	745
Total Costs	494	745
Costs Difference	-221	251
Costs Pgm Change	-221	0
Costs Adj Change	0	251

OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number _____ - _____	
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden <div style="margin-left: 20px;">Number of respondents</div> <div style="margin-left: 20px;">Total annual responses</div> <div style="margin-left: 40px;">Percent of these responses collected electronically</div> <div style="margin-left: 20px;">Total annual hours</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change Adjustment</div>			
	%	%	
Annual reporting and recordkeeping cost burden (in thousands of dollars) <div style="margin-left: 20px;">Total annualized Capital/Startup costs</div> <div style="margin-left: 20px;">Total annual costs (O&M)</div> <div style="margin-left: 20px;">Total annualized cost requested</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change Adjustment</div>			
Other changes**			
Signature of Senior Official or designee:		Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.